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Bib Data Sheet

CONFIRMATION NO. 3578

SERIAL NUMBER 10/699,502	FILING OR 371(c) DATE 10/31/2003 RULE	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. SRCK:066 12642.0066. NPUS0
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/423,060 11/01/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED ** 02/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NE	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

23369

TITLE

Hematology reagent and methods

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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